

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/182,297	10/29/98	206	3728	WEINR40062

APPLICANT
ROBERT E. WEINSTEIN, BOSTON, MA; ALAN M. WEINSTEIN, POTOMAC, MD.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/063,710 10/29/97

371 (NAT'L STAGE) DATA*** *None*
VERIFIED

FOREIGN APPLICATIONS*** *None*
VERIFIED

FOREIGN FILING LICENSE GRANTED 11/16/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <i>5</i>	Initials _____				

ADDRESS SEE CUSTOMER NUMBER: 021587 <i>Robert E. Weinstein</i> <i>J-Med Pharmaceuticals, INC.</i> <i>Boston, MA 02116</i>	#5
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TITLE ANTIHISTAMINE/DECONGESTANT REGIMENS FOR TREATING RHINITIS	
FILING FEE RECEIVED \$571	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | All Fees |
| <input type="checkbox"/> | 1.16 Fees (Filing) |
| <input type="checkbox"/> | 1.17 Fees (Processing Ext. of time) |
| <input type="checkbox"/> | 1.18 Fees (Issue) |
| <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Credit |



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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 1864

SERIAL NUMBER 09/182,297	FILING DATE 10/29/1998 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. WEINR40062
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APPLICANTS

ROBERT E. WEINSTEIN, BOSTON, MA;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/063,710 10/29/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 11/16/1998

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
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ADDRESS

PORTER F. FLEMING
BICKEL & BREWER
885 THIRD AVENUE
SUITE 3040
NEW YORK ,NY 10022

TITLE

ANTIHISTAMINE/DECONGESTANT REGIMENS FOR TREATING RHINITIS

FILING FEE RECEIVED 1141	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing time) <input type="checkbox"/> 1.18 Fees (Issuance) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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